

Advancing equity in diabetes technology: a toolkit for nurses and their teams

“Every patient deserves access to life-changing diabetes technology, regardless of their background. As nurses, we must challenge assumptions and advocate fiercely to make that a reality.”

Davina Jean-Jacques, Paediatric DSN

“Technology can be transformational. Providing equitable access is not the job of one person, or one category of professionals. We all have a part to play.”

Barbara Hudson, DSN

Nurses driving diabetes equity

Diabetes nurses are the cornerstone of care for long-term conditions, often the first point of contact for people living with diabetes. Their role in building trust, delivering education and advocating for patients positions them perfectly to tackle inequities in access to diabetes technology, such as continuous glucose monitors (CGMs), insulin pumps and hybrid closed-loop (HCL) systems.

The Diabetes Africa *Advancing equity in diabetes technology* toolkit, launched in November 2024 and endorsed by the Diabetes Technology Network-UK (DTN-UK), is a free, practical resource designed for all healthcare teams. But it may resonate more deeply with nurses. The toolkit wasn't designed as a formal audit, but as a conversation starter. It helps professionals highlight outstanding issues, identify gaps and drive change – particularly for people of Black African and African-Caribbean heritage facing significant disparities in technology uptake. This article explores why the toolkit is a game changer for professionals, showcasing its impact through nurse-led initiatives, like those of Davina Jean-Jacques in Newham.

Next time you meet with colleagues, consider asking, “Have you seen this toolkit? What can we do to improve equity in our service?”

The problem: persistent disparities in technology access

National Diabetes Audit data (2023–2024), published in 2025, show that Black African and African-Caribbean individuals with type 1 diabetes have the lowest uptake of diabetes technology in the UK, even when adjusted for socio-economic status. This gap drives poorer outcomes, including higher HbA_{1c}, lower time-in-range and increased complications like diabetic ketoacidosis and renal failure. Systemic barriers, unconscious bias and assumptions about patients' readiness – such as “they're not educated enough” or “they're not ready” – often widen these disparities.

Davina Jean-Jacques, a paediatric DSN, has confronted these challenges directly. She emphasises the need to question assumptions: “We can't assume that someone isn't ready for technology based on their background or education. Our job is to ask, ‘How can we make this possible?’ and challenge any bias in our practice.” The work of the paediatric diabetes team at North Middlesex University Hospital in London highlights the potential for transformation when nurses take the lead (see below).

The toolkit: a user-friendly framework

Freely accessible at diabetesafrica.org/technology-toolkit, the Diabetes Africa *Advancing equity in diabetes technology* toolkit was developed with input from healthcare professionals, patients, families and NHS stakeholders. Barbara Hudson, a DSN at Queen Elizabeth Hospital, Birmingham says: “The biggest barrier to addressing technology isn't lack of goodwill, it's knowing where to look in your data and what to do next. This toolkit bridges that gap with practical insights that any diabetes team can use.”

The toolkit follows the following structure:

1. Self-assessment checklist: Frontline teams can review their service's practices, asking questions like, “Does our service track diabetes technology uptake by ethnicity?” to uncover gaps.

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Barbara Hudson, one of the toolkit's co-authors and a DSN, discusses the toolkit at the 2024 Diabetes Africa UK Forum. Alongside are Dr Meera Ladwa (toolkit co-author), Dr Fulya Mehta and Dr Raymond Ladele.



Davina Jean-Jacque and her colleagues at the North Middlesex University Hospital led an initiative to improve equity in access to diabetes technology.

2. **Data analysis:** Teams can examine local data on technology uptake by ethnicity, setting the stage for targeted interventions.
3. **Goal setting:** Care teams may decide to define achievable objectives, such as increasing HCL use among Black patients.
4. **Implementation and evaluation:** Provides strategies like community outreach and tools to measure progress.

The toolkit's flexibility allows care teams to start small – using it to spark discussions – or conduct more comprehensive analysis. Its supportive tone encourages nurses to address both individual and systemic barriers, making it ideal for busy professionals.

Case studies: sharing what works

Davina Jean-Jacques has been a tireless advocate for young Black patients with type 1 diabetes. She recognised that assumptions about their readiness for technology often prevented access to CGMs and HCL systems. To bridge this gap, Davina and her colleagues visited young people in community settings, engaging them and their families in culturally sensitive discussions about diabetes technology. By building trust and addressing misconceptions, they helped young Black patients understand their options and feel empowered to adopt life-changing tools. Their work challenged unconscious biases within healthcare teams, prompting them to ask, “Are we making technology accessible to all?” The advocacy of Davina and her colleagues demonstrates how nurses can lead equity efforts by meeting patients where they are and pushing for inclusive care.

The toolkit's practical application is evident in other settings. In Newham, a diverse London borough, a team led by Dr Meera Ladwa used the toolkit's self-assessment to address the absence of Black adults using HCL systems. They identified gaps in technology pathways and community engagement, leading to a “tech café”. Held in a local coffee shop, this informal event allowed patients to explore demo devices and connect with staff and volunteers. Six months later, 16 Black adults (20% of new HCL users) adopted HCL, with average HbA_{1c} dropping from 68 to 54 mmol/mol, time-in-range rising from 41% to 70% and distress scores falling from 4.0 to 3.3, aligning with peers.

In Coventry, a GP practice was among the first to apply the toolkit, using the self-assessment question, “Are we collecting and analysing data on diabetes technology uptake by ethnicity?” to review their service. This revealed gaps in CGM uptake among Black patients, sparking discussions among professionals. Without a full audit, the team used the toolkit to plan targeted outreach,

showing how individuals could potentially start small and drive change.

How nurses can act

Diabetes nurses can harness the toolkit to lead equity efforts. Here's how:

- **Start with the toolkit:** Download it at diabetesafrica.org/technology-toolkit and use the self-assessment to identify local disparities.
- **Spark conversations:** Share the toolkit with colleagues, asking, "Have we considered equity in our technology pathways?"
- **Advocate for patients:** Challenge assumptions about who is "ready" for technology, as Davina did, and push for inclusive care plans.
- **Organise outreach:** Host tech cafés or similar events to engage Black communities in non-clinical settings, as Dr Ladwa has.
- **Collect feedback:** Use patient input to refine interventions, ensuring they meet community needs.

Impact and sustainability

Downloaded over 3500 times since its launch, the toolkit has gained traction among nurses and other professionals, with endorsements from the DTN-UK and NHS England's Diabetes National Specialty Lead. Diabetes Africa welcomes nurse



The toolkit is freely available at:
<https://diabetesafrica.org/technology-toolkit>.

feedback to shape future editions, keeping the resource relevant as technology evolves.

To provide feedback or share case studies, visit:
www.diabetesafrica.org/technology-feedback

Conclusion

The Diabetes Africa toolkit empowers nurses to tackle inequities in diabetes technology access, using and creating inspiring examples. By starting discussions, challenging biases and advocating for patients, nurses can drive meaningful change. Download the toolkit today, ask the critical questions, and lead the way towards equitable diabetes care. ■